



Clark County Department of Building

Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

Over-the-Counter Review – Letter for Emergency Repair, Like for Like Replacement, or Demolition of Existing System

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

\$160 minimum application fee is due at time of submittal.

Fee is payable in exact cash, check or money order (drawn on a US bank in US funds) or Fire Prevention escrow account.

Check must be made payable to CCDB-Fire Prevention Bureau.

Submittal Date: _____ **Payment Type:** ☐ Cash ☐ Check -or- Escrow Account #: _____
(Please check one)

Code Enforcement Case No.: (If applicable) _____ **Building Permit No.:** (If applicable) _____

(Please check appropriate box)

Fire Suppression and Extinguishing Systems	Fire Alarm and Detection Systems, Related Equipment and Dedicated Function Fire Alarm Systems	
<input type="checkbox"/> Automatic Sprinkler (FDSR) <input type="checkbox"/> Carbon Dioxide (FDCC) <input type="checkbox"/> Clean Agent (FDCA) <input type="checkbox"/> Dry Chemical (FDDC) <input type="checkbox"/> Foam (FDFS) <input type="checkbox"/> In Building Risers (FDSI) <input type="checkbox"/> Wet Chemical (FDWC)	<input type="checkbox"/> Automatic Sprinkler Monitoring (FDSM) <input type="checkbox"/> Elevator Recall (FDER) <input type="checkbox"/> Fire Alarm Monitoring (FDFA) <input type="checkbox"/> Fire Alarm Systems (FFAS) <input type="checkbox"/> Video Detection Systems (FVDS) <input type="checkbox"/> Smoke Control System-Control Panel (FDAL) <input type="checkbox"/> Smoke Removal System-Control Panel (FSRS)	<input type="checkbox"/> Private Fire Hydrant and (FDSP) Associated Supply Piping
<input type="checkbox"/> Fire Pumps and Related Equip (FDFP)	<input type="checkbox"/> Access Gates (FAEC)	<input type="checkbox"/> Two-way Communication Systems (FDTW)
<input type="checkbox"/> Standpipe Systems (FDSP)	<input type="checkbox"/> Compressed Gas/Med-Gas (FDMG)	<input type="checkbox"/> Underground Storage Tank and (FFTC) Associated Components (Includes: Install, removal, abandonment & repair)
		<input type="checkbox"/> Water Tanks (FWST) (Used for supply of fire protection systems)

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction Application # (If applicable): _____
(Please circle one) **Note: If plan is a revision or a correction then the original application number must be provided.**

Expedite: ☐ Yes or ☐ No Municipal Project/Property: ☐ Yes or ☐ No APN: _____

Property Address: _____ Bldg-Suite #: _____

Major Property Name: _____
(i.e.: Name of development, building, project or other identifying information)

Sub-Property Location: _____
(i.e.: Name of business, shop, project or other identifying information within Major Property)

APPLICATION INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext: _____ Fax #: _____

Applicant Email Address: _____

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

Applicant Name and Title _____

Applicant Signature _____